WINTER BOOTCAMP FITNESS ~ {DEC. 9-FEB 28, 2020}

NAME AGE DOB	CHECK CLASS TIME REQUESTED:
	MORNING CLASS: M/W/F @ 5:00AM $75 Resident $85 Non-resident **NOON CLASS**: M/W/F $75 Resident 85 Non-resident
ADDRESS	EMAIL
CELL# CELL CARRIER	EMERGENCY CONTACT

Medical Release Form

General Release I hereby agree for myself and our respective heirs, assigns and legal representatives, to indemnify, defend and hold the Town of Newport, Newport Recreation Department and its officers, board members, employees and volunteers, agents, and other participants in the Bootcamp program harmless from any and all claims and causes of action of any nature, for any and all personal injury or illness, which may occur to me or which may be aggravated during or by any activity during the course of the program in which I have decided to all myself to engage. I further waive any all claims or causes of action, which I many now or hereafter have against releases which may at any time arise as a result of any act or thing occurring in or arising out of my participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the loss of the State of New Hampshire and that any portion is thereof is held invalid it is agreed that the balance shall, not with standing in full force and effect.

Assumption or Risk I, expressly and specially assume any and all risk of injury, illness, and death or property damage resulting from Newport Rec activities. You assume the risks: I understand that Newport Rec activities are strenuous and dangerous and should be engaged in only persons in good health. I understand that I should consult a physician before enrolling myself in this program. Once you sign, you are saying that you are understand the risks involved and accept all the risks.

Medical Release I further hereby release the Newport Recreation Department from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at the Newport Recreation Department. A) I take full responsibility for my welfare and safety at NRD activities; B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

Insurance You are expected to have your own health insurance. You should understand the Town of Newport and Recreation Department does not carry insurance to cover injuries and losses that may befall you.

Photographic release I consent to be photographed and to allow the Newport Recreation Department (newspaper, posters, social media). Having read, understood and agreed with these terms, I have executed this release to be effective immediately.

PRINTED NAME	DATE
SIGNATURE	PAID
FEE (SEE CHART ABOVE)	$